Revised: April 28, 2009



# **Statement of Organization CANDIDATE**

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## ☐ Amended Statement

\*Please read instructions before completing this form.

Campaign Committee's Mailing Address						
	Name of Candidate Camp	aion Committee				
	Traine of Canadate Camp					
Campaign Committee's Mailing Address	Office Sought	District (if one)	Political Party	Date of Election		
	Office Bought	District (if one)	1 ontical 1 arty	Date of Election		
ð	Street Address/PO Box		Suite #			
	C!4	Chaha	7:			
	City	State	Zip			
	Email Address		Daytime Phone #			
		Candidate's Information	1			
	Mr. /Ms. Last Name	Fir	st Name			
Candidate			G A: #			
Information	Residence Address		Suite #			
	City	State	Zip	County or City		
	Email Address	T 4	Daytime Phone #			
	I	<b>Treasurer Information</b>				
	Mr. /Ms. Last Name	I	First Name			
Treasurer's						
Name and Address	Residence Address		Suite #			
	City	State	Zip	<b>County or City</b>		
	Email Address		Daytime Phone #			
Campaign Depository						
Primary Financial Institution and Address		Secondary Fi	Secondary Financial Institution and Address (if applicable)			



# **Statement of Organization CANDIDATE**

Signatures					
Candidate's Signature	I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i> ). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i> . I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
	Candidate's Signature Date				
Treasurer's Signature	I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i> ). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.				
	Treasurer's Signature Date				
Filing Method					
Electronic Filing Agreement	□ Electronic Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports to the State Board of Elections by electronic means. I agree that if at anytime the campaign committee does not intend to file electronically, that I will submit an amended Statement of Organization stating such.  □ I intend to electronically file using Virginia's VAFiling Program.  □ I intend to use an SBE Approved Vendor  (Please Enter Name of Vendor)				
	Signature Date				
	□ Paper Filer - I, as treasurer of this campaign committee, intend to file all required campaign financial disclosure reports on paper. I agree that if at any time the campaign committee does not intend to file on paper, that I must submit an amended Statement of Organization stating such.				
	Signature Date				



# **Instructions for Completing This Form**

### **General Guidelines**

- Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- ⇒ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100Bank Street, 1<sup>st</sup> Floor Richmond, VA, 23219. Your local electoral board may offer to submit it to SBE for you. Visit <a href="www.sbe.virginia.gov">www.sbe.virginia.gov</a> for your office's contact information.
- ⇒ For General Assembly Candidates, a copy of this entire form must be submitted with the local electoral board of the county or city in which the candidate is a resident and the original, signed copy to the State Board of Elections at 1100Bank Street, 1<sup>st</sup> Floor Richmond, VA, 23219.
- ⇒ This form must be legibly completed in ink or typed or it will be rejected.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to \$500 to be assessed according to the procedure described in §24.2-929 of the <u>Code of Virginia</u>.

#### **Campaign Committee's Mailing Address**

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the office sought (e.g. Board of Supervisors).
- ⇒ Enter the district for which the candidate is running (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the date of the office's election. **NOTE:** Please Enter the General Election date and not Primary date.
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- \*This field is required if you intend to file electronically. This field is optional if you intend to file on paper. Please note that the **State Board of Elections** will use this email address as its primary means of communication. If the email address ever changes, it is the responsibility of the treasurer to amend this Statement to ensure that you continue to receive updates and acknowledgements from the State Board of Elections.
- ⇒ Enter the campaign's primary daytime phone number.

#### **Candidate Information**

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the home mailing address of the Candidate.
- ⇒ Enter the county or city of residence.
- ⇒ Enter the email address of the Candidate.
- ⇒ Enter the Candidate's daytime phone number.

#### **Treasurer Information**

- ⇒ The Treasurer must be a registered voter in Virginia.
- ⇒ Enter the name of the Treasurer for the campaign committee.
- ⇒ Enter the home mailing address for the Treasurer.
- ⇒ Enter the county or city of residence.
- ⇒ Enter the email address of the Treasurer.
- ⇒ Enter the Treasurer's daytime phone number.



## **Instructions for Completing This Form**

### **Campaign Depository**

⇒ Enter the names and addresses of the committee's financial institutions.
 \*The committee's depository must be in a financial institution within the Commonwealth.

#### **Signatures**

- ⇒ The **candidate** must read the agreement and sign the form accepting the conditions of the agreement.
- ⇒ The **treasurer** must read the agreement and sign the form accepting the conditions of the agreement.

#### **Filing Method**

⇒ Enter whether the candidate campaign committee intends to file <u>all</u> of their campaign finance disclosure reports electronically.

#### o VAFiling Option

• If you choose to use SBE's VAFiling software, SBE will provide you with instructions on how to obtain your software when your Statement of Organization is acknowledged.

#### Approved Vendor Option

• If you choose to contract with a private company, SBE recommends that you use an "Approved Vendor." These companies meet SBE's standards for the transmission of electronic reports. Although you are free to use any company you wish, we cannot guarantee that the company you choose will comply completely with SBE's standards. As a result, your committee may end up paying fines for incomplete, late or un-filed reports. For a list of "Approved Vendors" please visit our website: <a href="http://www.sbe.virginia.gov/">http://www.sbe.virginia.gov/</a>